MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	(							51						
2		(						52						
3		(						53	(					
4		(						54	(					
5		(						55		(				
6		(						56	(	(				
7		(						57		(				
8		(						58		(				
9		(						59		(				
10		(						60		(				
11		(						61	(	(				
12		(						62		(				
13		(						63		(				
14		(						64		(				
15		(						65		(				
16		(						66		(				
17		(						67		(				
18		(						68		(				
19		(						69		(				
20		(						70		(				
21		(						71		(				
22		(						72		(				
23	(							73	(	(	(			
24		(						74		(				
25		(						75		(				
26		(						76		(				
27		(						77		(				
28		(						78	(	(	(			
29		(						79		(				
30		(						80		(				
31		(						81		(				
32		(						82		(				
33		(						83		(				
34		(						84		(				
35		(						85		(				
36		(						86	(	(				
37	(							87		(				
38		(						88		(				
39		(						89		(				
40		(						90		(				
41		(						91		(				
42		(						92		(				
43	(							93		(				
44		(						94		(				
45		(						95		(				
46		(						96		(				
47		(						97		(				
48		(						98		(				
49		(						99		(				
50		(						100	(	(				
TOTAL IND.								TOTAL IND.						
TOTAL DEP.								TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

101 to 131 up

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1	.	1				
2		1				
3		1				
4	3	(1)				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12	X	1				
13		1				
14	X	1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21	1					
22		1				
23		1				
24		1				
25		1				
26		1				
27	1					
28		1				
29		1				
30	.	1				
31		1				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS